

ACCIDENT WAIVER AND RELEASE FORM

Ceremony of Ayahuasca-Yage, Glenville, GA.

Type of Event: Ayahuasca-Yage Sacred Ceremony.  
Name of Facilitator: KAMENTSA INGA CHURCH THE SOUL OF THE HUMMINGBIRD

Date of Event:	June 26 <sup>th</sup> and 27 <sup>th</sup> , 2026
Start ceremony first day:	Friday, June 26 <sup>th</sup> - 8 P.M.
Close Ceremony First day:	Saturday, June 27 <sup>th</sup> - 9 A.M.
Start Ceremony Second day:	Saturday, June 27 <sup>th</sup> - 8 P.M.
Close Ceremony Second day:	Sunday, June 28 <sup>th</sup> - 9 A.M.

BY SIGNING THIS DOCUMENT, I, IN GOOD FAITH, ASSUME ALL RISKS INVOLVED IN PARTICIPATION IN ALL ACTIVITIES ASSOCIATED WITH THIS AYAHUASCA-YAGE EVENT, organized and conducted by KAMENTSA INGA CHURCH THE SOUL OF THE HUMMINGBIRD, Represented by HECTOR ALIRIO ORTIZ JIMENEZ, with the assistance of GIAMPIERO SCATTOLON.

Paragraph #1.: 269 Buzzard Bay Lane, Glenville, GA, 30427, including, by way of example and without limitation, risks that may arise from negligence or carelessness on the part of persons or entities who release dangerous or defective equipment or property owned, maintained or controlled by them, or due to their potential liability without fault.

Paragraph #2.: I certify that I am in good physical condition, have prepared or trained sufficiently to participate in this activity, and have read all information provided and made available to me by the event organizers and have received information from my qualified medical professional, who has not advised me not to participate.

Paragraph #3.: I certify that there are no health problems or reasons that would prevent my participation in this activity. I acknowledge that this Liability and Accident Waiver Form will be used by the owners, sponsors and event organizers of the activity in which I participate, and that it will govern my actions and responsibilities in said activity. In consideration of my request and allowing me to participate in this activity, BY SIGNING THIS DOCUMENT I take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns:

Paragraph #4.: (A) I WAIVE, RELEASE AND DISCHARGE from all liability, including but not limited to liability arising from the negligence or fault of the released entities or persons: For me

death, disability, personal injury, property damage, theft of property or actions of any kind which may occur to me in the future, including my travel to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Owners and licensees of the property 269 Buzzard Bay Lane, Glenville, GA, 30427, (on this property), representatives, organizers and agents, as well as facilitators.

Paragraph #5.: (B) I RELEASE FROM ALL LIABILITY AND PROMISE NOT TO SUE OR SEEK ANY COMPENSATION AS INDEMNIFICATION, from the entities or persons mentioned in this paragraph for any liability or claim made as a result of participation in this activity, whether caused by willful negligence or otherwise.

Paragraph #6.: I acknowledge that THE OWNER OF THE PROPERTY 269 Buzzard Bay Lane, Glenville, GA, 30427, (at this property), and the agents, representatives and organizers are NOT responsible for the errors, omissions, acts or failure to act of any party or entity conducting a specific activity.

Paragraph #7.: I acknowledge that this activity may involve a test of a person's physical and mental limits and carries the probable risk of death, serious injury and loss of property. Risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and the actions of other persons, including, but not limited to, participants, volunteers, instructors, and/or producers of the activity. These risks are not only inherent to participants but are also present to volunteers.

Paragraph #8.: By signing this document, I consent to receive such medical treatment as may be deemed appropriate in the event of injury, accident, or illness during this activity, at my own expense and risk.

Paragraph #9.: The Accident Waiver of Liability Form shall be broadly construed to provide a waiver of liability, to the fullest extent permitted by applicable Georgia, law.

Paragraph #10.: I CERTIFY THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS.

I AM AWARE THAT THIS IS A CONTRACT AND RELEASE OF LIABILITY AND I SIGN IT OF MY OWN WILL.